

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.25

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 1

Transaction ID: A2011-579674

Amount of Each Receipt this Period

253.85

B.

Full Name (Last, First, Middle Initial)

THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1523.10

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: A2011-580076

Amount of Each Receipt this Period

253.85

C.

Full Name (Last, First, Middle Initial)

ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City

Ivanhoe

State

IL

Zip Code

60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Claim Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.30

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: A2011-580115

Amount of Each Receipt this Period

35.43

SUBTOTAL of Receipts This Page (optional)

543.13

TOTAL This Period (last page this line number only)